

FLAG REQUEST FORM

Please print clearly the name and complete address where the flag order should be mailed:

Name:

Address:

City:

State: IL Zip Code:

Home Phone:

Business Phone:

Number of flags ordered:

If flown over the Capitol, the certificate accompanying a flag should state that it was flown (Choose one. Use the exact language you would like on the certificate):

☐ In Memory of

☐ For

☐ To Honor the

☐ Anniversary of

☐ To Observe the Birthday of

☐ Other

If it is important for this flag to be flown on a particular day/date, write that day/date here:

If it is important for you to receive this flag by a certain day/date, write that day/date here: